~~2005~~ FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000007018

1. Entity Name
SUBZERO CONSTRUCTORS INC

Principal Place of Business	Mailing Address
ONE SPECTRUM POINTE 330 LAKE FOREST, CA 92630	ONE SPECTRUM POINTE 330 LAKE FOREST, CA 92630

07212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0780874
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCT
NAME	SOLL, DEAN
STREET ADDRESS	ONE SPECTRUM POINTE, SUITE 330
CITY-ST-ZIP	LAKE FOREST, CA 92630
TITLE	DV
NAME	CHAO, JAMES
STREET ADDRESS	ONE SPECTRUM POINTE, SUITE 330
CITY-ST-ZIP	LAKE FOREST, CA 92630
TITLE	D
NAME	O'CONNELL, RICHARD
STREET ADDRESS	1190 BUCKHEAD CROSSING, SUITE A-1
CITY-ST-ZIP	WOODSTOCK, GA 30189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7.21.05 949.458.9878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #